

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/							
2	/							
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TOTAL IND.	2							
TOTAL DEP.	8	↔		↔		↔		↔
TOTAL CLAIMS	10	[shaded]	[shaded]	[shaded]	[shaded]			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[shaded]	[shaded]	[shaded]	[shaded]	